

*COPY*

<b>TRANSMITTAL SLIP</b>		DATE	18 Feb 58
<b>TO:</b> (Each DD/S Office Head & Staff Chief, plus SSA-DD/S and SPA-DD/S)			
ROOM NO.	BUILDING		
<b>REMARKS:</b>  In consideration of their particular requirements, each DD/S Office Head and Staff Chief will assume for his Office or Staff the responsibility placed upon each Deputy Director in paragraph 3. of the attached.			
<b>FROM:</b> Deputy Director (Support)			
ROOM NO.	BUILDING	EXTENSION	
124A	East		

FORM NO. 241  
1 FEB 55REPLACES FORM 36-8  
WHICH MAY BE USED.

(47)

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